

**OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS
COORDINATION OF BENEFITS AGREEMENT**

Signature of approval to bill responsible party based on coordination of benefits (COB) denial when COB information is missing or out of date

If a member has no COB information on file or has not updated the information in the past year, any claims submitted may be denied when first processed. An Explanation of Benefits (EOB) indicating the problem will be sent to the member. The member should call the toll-free number provided on the EOB and update COB information promptly. Once COB information is updated, claims will be reopened and considered for payment. The member will need to contact the Provider to notify them that the COB information has been updated and re-submit the claims.

If the member does not update the COB information within (45 days) from the date of notification, the Provider (Office for Children with Special Health Care Needs) may bill the member the total charge of the claim or claims that were denied due to COB not updated.

This signature below is stating that the responsible party/patient has read and understands the process of COB and may be billed total charge of the denied claim or claims.

Printed Name

Signature

Date